



# Planning for Health Human Resources — (Breaking New Ground- Yet Again)

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# Some Thoughts about Today

## ◆ Rural health care

- If we manage the rural and remote aspects of the system well, the rest will be easier.

## ◆ The current context

## ◆ HHR Planning

- Some thoughts about different directions
- Some future challenges

# Today's Trends

- ◆ Rising public expectations
- ◆ The aging population (bimodal for Sask)
- ◆ Assessing new technologies
- ◆ Information and communication technology and information management
- ◆ Workforce education and training
- ◆ System performance and quality

# The Changing Face of Disease

- ◆ Shifting burden from young to old
- ◆ From acute\* to chronic disease
- ◆ Aging = increasing cancer
- ◆ Increasing obesity
- ◆ Poor mental health – children and youth
- ◆ Impact of the health reforms of the 90's

**Drugs::Equipment::Public Health::Population Health**



LTC



Home care



Hospital



Specialty Care



Primary Care /  
Family Physician



Family/Home

**Administrative Infrastructure::Information Management**

# The Pressures

- ◆ Wait lists
- ◆ Access
  - Family physicians
  - Long term care
- ◆ Safety
  - Patient safety
  - Public health
- ◆ Population health

# Healthy Communities



Home care



Family/Home



Primary Care Team  
- Family Physician

← Primary Care Strategy →



LTC



Hospital



Specialty Care

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# The Steps to Success

- ◆ Continuity of care
- ◆ Chronic disease management
- ◆ Health promotion and health maintenance
- ◆ Dealing with the determinants of health
- ◆ Invest in the EHR with DSS
- ◆ Understand and manage the HHR issues



# The Shift from Acute to Chronic

- ◆ Places new and different demands on the workforce
- ◆ New demands = new competencies
- ◆ WHO – new areas
  - Workforce organized around patient (and family)
  - Partnering
  - Quality improvement (includes safety)
  - Information technology
  - Public health perspective

# Planning for HHR Needs

- ◆ Numerous challenges
  - Data about the workforce
  - Definition of skills/scope of practice
- ◆ Lack of clarity about who is in charge
  - No national plan
  - No consensus amongst providers
- ◆ There is an urgency to this issue

# A Multitude of Approaches

- ◆ Forecasting future supply, demand and/or need
- ◆ Each is a different approach with different data/information needs
- ◆ I think each has some merit in looking at the future

# Present Approaches

- ◆ More complex models examine the impact of different models of care on HHR requirements
- ◆ Greater focus on skills and competencies
- ◆ Requires a better understanding of carework

# Moving the Barriers

- ◆ Policy shifts
  - Require evidence, opportunity and courage
- ◆ Safe harbor for discussion
- ◆ Framework for innovation
  - Innovation is not reinvention

# A Touch of Pragmatism

- ◆ Mixing availability, demand and need
- ◆ Basis for success will be mutual respect
- ◆ Its hard to know where you are going if you don't know where you come from